



April 7, 2015

**Via Electronic Filing to Proceeding 96-61**

Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission  
ATTN: Chief, Pricing Policy Division  
445 12<sup>th</sup> Street S.W.  
Washington, DC 20554


**RE: Annual Section 254(g) Certification – Geographic Rate Averaging and Rate Integration; *In the Matter of Policy and Rules Concerning the Interstate, Interexchange Marketplace*, CC Docket No. 96-61**

Dear Ms. Dortch,

In accordance with 47 C.F.R. §64.1900 of the Commission's rules, please find the attached certification executed by an authorized officer of ABA Net, LLC. This document is being filed to certify compliance with the geographic rate averaging and rate integration requirements of §254(g) of the Communications Act of 1934, as amended.

Should there be any questions regarding this correspondence, please contact me at (301) 603-9016, or via email at [celia.valladares@abanet.us](mailto:celia.valladares@abanet.us).

Respectively Submitted,

  
Celia Valladares  
Office Manager

Attachment

 4/28/15

2400 Research Blvd, Suite 210, Rockville, MD 20850


My Commissioner Lopez  
2/1/19

Tel. (1) 301 603-0200, Fax. (1) 301 603-9017


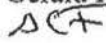
[www.abanet.us](http://www.abanet.us)

ABA Net, LLC

Certificate of Compliance

  
I, Gerald Flavin, hereby certify that I am Executive Vice President of ABA Net, LLC ("ABA Net"), and that I am authorized to execute this certification on behalf of ABA Net.

I hereby swear under oath that, to the best of my knowledge, information and belief, ABA Net complies with the geographic rate averaging and rate integration obligations pursuant to §254(g) of the Communications Act of 1934, as amended, in providing detariffed interstate, domestic, interexchange services.

  
\_\_\_\_\_  
Gerald Flavin  


Subscribed and sworn to before me this 29th day of April, 2015.

**JURAT WITH AFFIANT STATEMENT**

State of TEXAS } ss.  
County of Gillespie

- ☐ See Attached Document (Notary to cross out lines 1-7 below)  
☐ See Statement Below (Lines 1-7 to be completed only by document signer[s], not Notary)

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 [Signature]

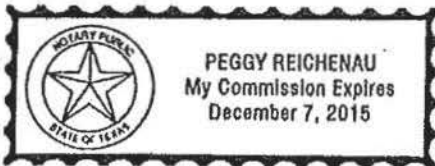
Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me  
this 29th day of April, 2015, by  
Date Month Year

GERARD FLAVIN

Name of Signer No. 1



Place Notary Seal/Stamp Above

Name of Signer No. 2 (if any)

[Signature]

Signature of Notary Public

Any Other Required Information  
(Residence, Expiration Date, etc.)

**OPTIONAL**

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_